

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

APR 9 1935

1. PLACE OF DEATH

County Laclede  
Township Seaborn  
City (No. ....)

Registration District No. 449  
Primary Registration District No. 5630 4267

File No. 9643  
Registered No. ....  
St. .... Ward)

2. FULL NAME Tommy Joe Chartin

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Laclede Co.  
(STATE OR COUNTRY)

13. NAME Alfred Chartin

14. BIRTHPLACE (CITY OR TOWN) Laclede Co.  
(STATE OR COUNTRY)

15. MAIDEN NAME Della Rogers

16. BIRTHPLACE (CITY OR TOWN) Laclede Co.  
(STATE OR COUNTRY)

17. INFORMANT Opal Mulder  
(ADDRESS) Seaborn mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Mar. 8. 1935

19. UNDERTAKER Palmer  
(ADDRESS) Seaborn

20. FILED 3/10 35 J. A. McCoub  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/4/35, 19... to 3/6/35, 19...

I last saw h. .... alive on 3/6/35, 19... Death is said

to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Infection Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

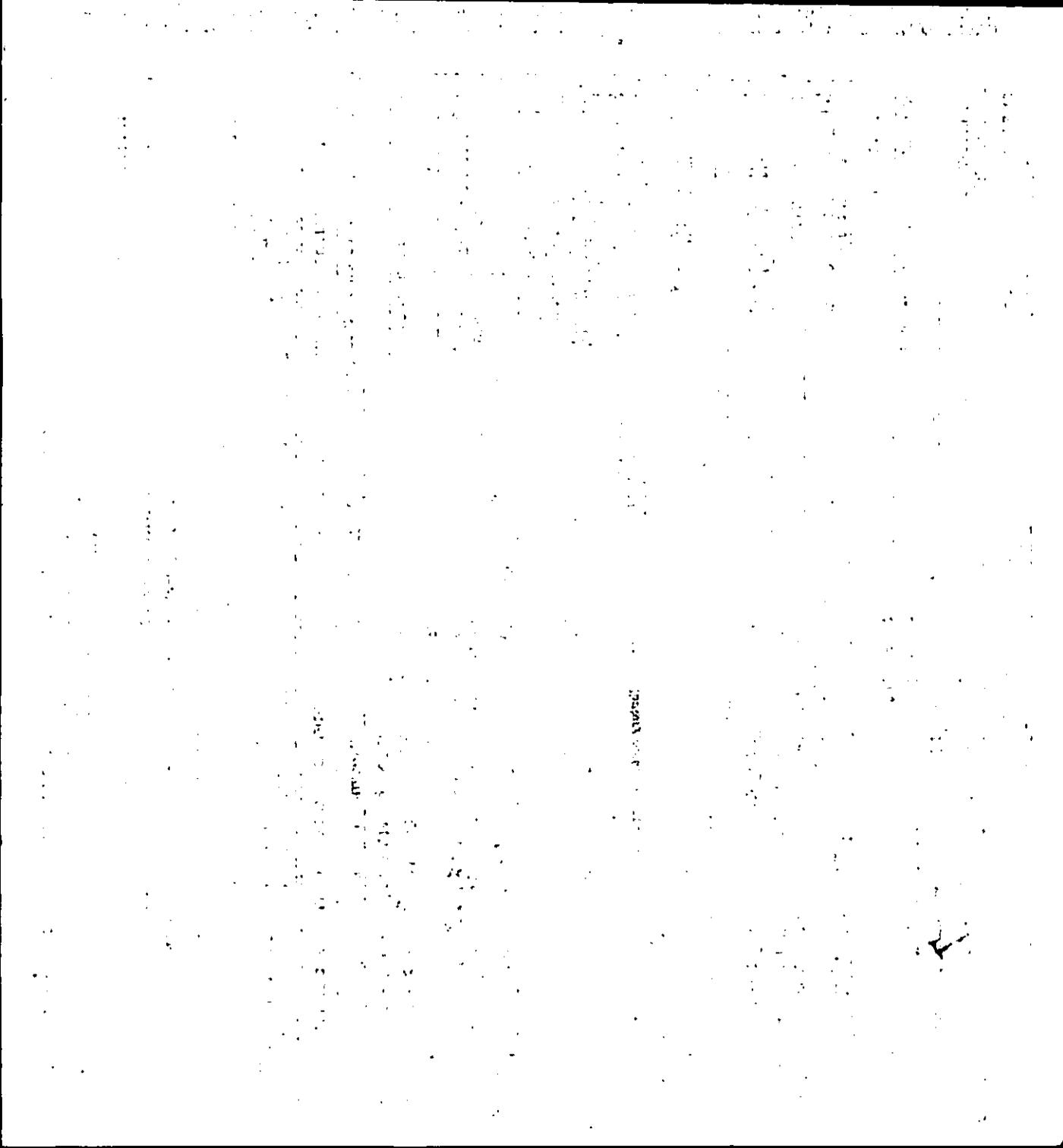
Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) J. A. McCoub, M. D.  
(Address) .....



MAY 27 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10/10/2010 BY SP-10/10/2010

## 1. PLACE OF DEATH

County LacledeRegistration District No. 449

Township

Primary Registration District No. 5609

City

(No. Tommy Joe Chastine)

File No.

Registered No.

St. Ward)

## 2. FULL NAME

(a) Residence, No. Tommy Joe Chastine St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. — 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 5/25 35 J. A. McCoub Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Investigated in field on gastroenteritis

Other contributory causes of importance:

Name of operation Date of.....

What test confirmed diagnosis? Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

MAY 23 1935

5-9643